



TRANSMITTAL FORM

*(to be used for all correspondence during pendency of
filed application)*

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| <p>TRANSMITTAL FORM</p> <p><i>(to be used for all correspondence during pendency of filed application)</i></p> | Application Number | 10/726,803 | |
| | Filing Date | December 2, 2003 | |
| | First Named Inventor | Thomas J. Maginot | |
| | Group Art Unit Number | 3738 | |
| | Examiner Name | Paul B. Prebilic | |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | 22220-08626 |

ENCLOSURES *(check all that apply)*

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

| | | | |
|--------------------|----------------------------------|--------|---------|
| Signature: | <i>A. C. Smith</i> | | |
| Attorney/Reg. No.: | Albert C. Smith, Reg. No. 20,355 | Dated: | 4/14/06 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

| | | | |
|---|--------------------|--------|---------|
| Signature: | <i>A. C. Smith</i> | | |
| Typed or Printed Name: | Albert C. Smith | Dated: | 4/14/06 |
| Express Mail Mailing Number (optional): | | | |

| | | | |
|--|--|--------------------------|-------------------|
| OPA FEE TRANSMITTAL for FY 2006 APR 17 2006 <small>Patent fees are subject to annual revision.</small> | | <i>Complete if Known</i> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/726,803 |
| | | Filing Date | Dec. 2, 2003 |
| | | First Named Inventor | Thomas J. Maginot |
| | | Examiner Name | Paul B. Prebilic |
| | | Art Unit | 3738 |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00 | | Attorney Docket No. | 22220-08626 |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---|----------|--|-------------------------------------|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|--|--------------------------|------|----|------|----|--|--------------------------|------|-----|------|-----|---------------------------|--------------------------|------|-------|------|-------|---|--------------------------|------|------|------|------|--|--------------------------|------|--------|------|--------|---|-------------------------------------|------|-----|------|----|--|-------------------------------------|------|-----|------|-----|---|--------------------------|------|------|------|-----|--|--------------------------|------|-------|------|-----|---|--------------------------|------|-------|------|-------|--|--------------------------|------|-----|------|-----|------------------|--------------------------|------|-----|------|-----|--|--------------------------|------|------|------|-----|--------------------------|--------------------------|------|-------|------|-------|---|--------------------------|------|-----|------|-----|----------------------------------|--------------------------|------|-------|------|-----|------------------------------------|--------------------------|------|-------|------|-----|--------------------------------|--------------------------|------|-----|------|-----|------------------|--------------------------|------|------|------|-----|-----------------|--------------------------|------|---|------|---|---------------------------|--------------------------|------|----|------|----|---|--------------------------|------|-----|------|-----|---|--------------------------|------|----|------|----|--|--------------------------|------|-----|------|-----|---|--------------------------|------|-----|------|-----|--|--------------------------|------|-----|------|-----|---|--------------------------|------|-----|------|-----|---|--------------------------|---------------------------|--|--|--|--------------------------|--|-----------------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number 19-2555 Deposit Account Name Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath or declaration</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1253</td> <td>1020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1,080</td> <td>Extension for reply within fifth month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1403</td> <td>1000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive - unavoidable</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1453</td> <td>1,500</td> <td>2453</td> <td>750</td> <td>Petition to revive - unintentional</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1501</td> <td>1,400</td> <td>2501</td> <td>700</td> <td>Utility issue fee (or reissue)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1502</td> <td>800</td> <td>2502</td> <td>400</td> <td>Design issue fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1503</td> <td>1100</td> <td>2503</td> <td>550</td> <td>Plant issue fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1460</td> <td>—</td> <td>1460</td> <td>—</td> <td>Petitions to the Director</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee for Provisional Applications</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1809</td> <td>790</td> <td>2809</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request for Continued Examination (RCE)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"> SUBTOTAL (1) (\$) 0 </td> <td colspan="2"> SUBTOTAL (3) (\$) 120.00 </td> <td colspan="2"> <small>*Reduced by Basic Filing Fee Paid</small> </td> </tr> </tbody></table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath or declaration | <input type="checkbox"/> | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053 | 130 | 1053 | 130 | Non-English specification | <input type="checkbox"/> | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | <input type="checkbox"/> | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | <input type="checkbox"/> | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | <input checked="" type="checkbox"/> | 1251 | 120 | 2251 | 60 | Extension for reply within first month | <input checked="" type="checkbox"/> | 1252 | 450 | 2252 | 225 | Extension for reply within second month | <input type="checkbox"/> | 1253 | 1020 | 2253 | 510 | Extension for reply within third month | <input type="checkbox"/> | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | <input type="checkbox"/> | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | <input type="checkbox"/> | 1401 | 500 | 2401 | 250 | Notice of Appeal | <input type="checkbox"/> | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 1000 | 2403 | 500 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 800 | 2502 | 400 | Design issue fee | <input type="checkbox"/> | 1503 | 1100 | 2503 | 550 | Plant issue fee | <input type="checkbox"/> | 1460 | — | 1460 | — | Petitions to the Director | <input type="checkbox"/> | 1807 | 50 | 1807 | 50 | Processing fee for Provisional Applications | <input type="checkbox"/> | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | <input type="checkbox"/> | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="checkbox"/> | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="checkbox"/> | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | Other fee (specify) _____ | | | | <input type="checkbox"/> | | SUBTOTAL (1) (\$) 0 | | SUBTOTAL (3) (\$) 120.00 | | <small>*Reduced by Basic Filing Fee Paid</small> | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath or declaration | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1053 | 130 | 1053 | 130 | Non-English specification | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 | 1020 | 2253 | 510 | Extension for reply within third month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 | 500 | 2401 | 250 | Notice of Appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1403 | 1000 | 2403 | 500 | Request for oral hearing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1502 | 800 | 2502 | 400 | Design issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1503 | 1100 | 2503 | 550 | Plant issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1460 | — | 1460 | — | Petitions to the Director | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1807 | 50 | 1807 | 50 | Processing fee for Provisional Applications | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$) 0 | | SUBTOTAL (3) (\$) 120.00 | | <small>*Reduced by Basic Filing Fee Paid</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|-----------------|--------------------------------------|--------|------------------------|
| SUBMITTED BY | | <i>Complete (if applicable)</i> | | |
| Name (Print/Type) | Albert C. Smith | Registration No. (Attorney/Agent) | 20,355 | Telephone 650.335.7296 |
| Signature | | | Date | 4/14/06 |